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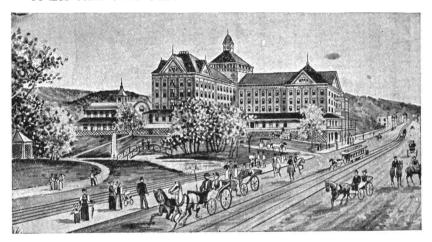
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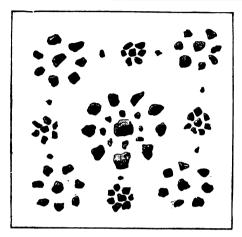


Illustration of the Calculi referred to by Dr. Claiborne. The engraving was made from a photograph and represents the exact shape of the Calculi; they are four times the above size.

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THE

HOT SPRINGS MEDICAL JOURNAL.

[PUBLISHED ON THE 15TH DAY OF EACH MONTH.]

Vol. III.] HOT Springs, Ark., Feb. 15, 1894. [No. 2.

Original Articles.

THE NEW ERA FOR HOT SPRINGS.

BY DR. HANS FROELICH, ST. LOUIS, MO.

Did you ever see a "Fata Morgana?" I have. The "Fata Morgana" was first observed in the desert—the traveler perishing with thirst, sees the most seductive mirage of an oasis with its palm forests and bubbling springs; this view gives him new strength; he collects all his will power, and tries to get there and grasp this phantom, but the further he walks, the further it seems to recede. We know now that this phenomenon is not a phantom or illusion of a morbid imagination, it is a fact, the reflected image of a real oasis, and if the traveling man had strength enough left, and knew the right way, he would reach it. It might not be an ungrateful undertaking to reproduce at present times such a "Fata Morgana" at Hot Springs. I am going to do it, and show the way to reach it, too.

A longer season, a season all the year through, is the desire of the thrifty Hot Springs people, and this desire has a foundation and future. I compliment the editors of the Hot Springs Medical Journal on the new impulse they show. If nowadays a man wants to do business, he has got to advertise, advertise every day; use every opportunity to show the world that he is here and wants to do business. It is all right, if a place advertises accommodation for traveling people, tries all kind of attractions to transfuse new, healthy blood into its veins, but a place like the Arkansas Hot Springs, above all, has to be advertised to the sick people all over the country.

The new era of Hot Springs? Hot Springs is the natural sanitarium of this large country; that is shown by the Army and Navy Hospital of the United States Government; that is proved by its superveillance of the place, and the wonderful and expensive improvements

which are going on under the able command of Lieut. Stevens. Let us make it the largest and most complete sanitarium of the people, and tell the physicians of our country of the possibilities of this place and its scientific indications for the sick; let us tell all those great fraternities, organized all over the country, "If you build a home for your sick and suffering brethren and sisters, follow the wise resolution of our great government, which sends its army and navy patients to its beautiful Hot Springs reservation hospital, and put up your palatial homes here. The government knows what it is doing, and knew it especially when it put up its hospital in Hot Springs.

I wish to add my share to this education of our people and physicians about health-resorts by turning my search light upon new ways, and means and indications.

In an article on lymphostasis* I showed that chronic rheumatism, neuralgia, traumatic neurosis, hysteria and neurasthenia have one and the same pathological anatomical basis, that is the stagnation of our nutritive fluid—the lymph, and its consequences. Each functionary cell or fibre of our parenchymatous fissue, nerve. brain, muscle, etc., is surrounded and separated from the next cell or fibre by a stratum or layer of connective tissue. The nutritive plasma or lymph is being percolated by a permanent motion from the arterial capillaries into these connective layers, the functionary cell selecting its necessary food from this continual stream of life, giving off the effete matter, which is produced by the function, to these same connective layers, which collect all this matter and lead it to our sewers, the lymph canals. It is easy to understand that these effete morbid matters have to accumulate around our functionary cells if that permanently continuing current of life's essence is slacking up or entirely stopped. The functionary cell is not able to unload its effete matter on one hand, and on the other hand, the cell is not able to renew its exhausted material, it falls into a condition of complete exhaustion or fatigue; fatigue in our muscles; fatigue in our peripheral nerves, and accordingly increased irritability; fatigue of our brain; no desire to work; general blue feeling, in one word, the general hysteric-neuras-The reflexes in these affections are a true and thenic misery. unmistakable image of our nerves and their conductibility. they document a higher irritability; but in course of time, if the lymphostasis becomes chronic, the ability of the adducting nerve to telephone an irritation to the central cell, and to cause by its return through the abducting nerve a so-called reflex, gets lost. behavior of the reflexes in chronic rheumatism, hysteria, neurosis,

^{*} Medical Mirror, January, 1894.

periphenal and cintral feurathenic are very characteristic and very little studied, but it completely covers another illustrative fact of the truthfulness of my vidractory conception of these diseases about their mutual cause and character. To produce a raflex we must have an adducting nerve, a central cell, and an abducting nerve. We know that the fatigue, enhaustion or diseased condition of this central cell produces as first ian augmentation of the reflex irritability; if this diseased condition continue, and especially if the central cell be destroyed; the ability to cause a reflex action ceases, like in tabes, etc. I insist upon it that the reflexes can get lost when the central cell is entirely healthy, if the terminations of the abducting or adducting nerves in the parenchymatous tissue of the body are in a condition of fatigue from lymphostasis; they show increased irritability, sif the lymphostasis is relatively acute; they do not answer to any initiation, if the lymphostasis is chronic.

Can the initial stages of this lymphostasis be proven? Certainly, it can, and it shows all the characteristic changes from the increase of small cells in the lymphostasis to the organized Frozier's swelling. How is the effect of lymphostasis upon the cell, is it being destroyed? Seldom can badly degenerated muscles be revived again, and we know how often we find intact fibrille in the paralyzed muscles of persons who suffered for a life-time from essential infantile paralysis.

Brain and epinal marrow, hehave differently. The meningeal and arachnoidal fluid evidently acts as a kind of paffer between vertebral wall and gord for exemium and brain; swelling of the cord and brain, which as a rule is caused by lymphostasis, is given more space by the giving way of the fluids, and so the symptoms of lymphostasis are developing only gradually. But if we have a very acute case of lymphostasis and extensive swelling of cord or brain, in fact that the further swelling of the parenchyma is limited by the rigid walls of the oscops, enclosure, then we have a condition similar to the one caused by a too close plaster of paris bandage; the circulation ceases; and the nervous parenchyma degenerates, and the whole shows the characteristics of any interstitial inflammation, increase of small cells in the connective tissue, and destruction of the parenchyma, as we see it in locomotor ataxia, etc. The rapidity with which any interruption of nutrition or lymphostasis, especially of the brain or cord, must influence the function of these organs, can be best demonstrated by the behavior of the cells of many plants, which, if cut off, within a very few minutes droop their leaves, and, even if supplied again with water, pick up very slowly, or not at all. (1 i

Fortunately this complete interruption of nutrition of our central nervous organs very seldom takes place; the course of lymphostasis of the brain is very slow. After the neurasthenia of the brain has developed to melancholia or other mental derangements, it takes many, many years to produce permanent changes in the nervous parenchyma, and the very fact that these mental disorders often show a total temporary improvement, ought to be a sign to us of the possibility of making those improvements permanent.

But you ask me what has all that to do with Hot Springs? Very much, indeed, it is destined to create a new era for these Springs and their empirical use. I referred, in my cited paper on lymphostasis, to the effect of a diluted alkaline water upon the precipitated accumulations of fibrin, which arise in the course of lymphostasis, and can easily be demonstrated in the peripheral lymphostatic conditions of chronic rheumatism, hysteria or neurasthenia. This same wonderful effect takes place in incipient neurasthenia of brain and cord.

I came here an outspoken victim of brain neurasthenia, with intercostal neuralgia and sciatica. Positive proof is the testimony of the members of my household; intense irritability overmastered my common sense, my educated feeling for just judgment, and got hold of my reason. My memory commenced to fail for years, my functional activity, which used to know no bounds, gave place to a general sinking of my mental ability. It was brought on by over-work and mental taxation.

When I came here I had the distinct feeling as if I could master my brains up to the temples, but the entire space between them was—to my personal feeling—made up by a large mass which lay like a large fist behind my forehead, and which seemed not to take any part in my mental work.

I first took a vapor bath for 15 minutes, and the effect was wonderful. With the increase of the perspiration, I felt that I was getting relieved more and more of that mass behind my forehead. This intensely delightful feeling crept forward perceptibly and seemed to meet right in the center of my forehead, and my joy was boundless when I found that I was again master of my brain. I added to this vapor bath a hot foot-bath of 102 to 108 degrees, and finished with a cold douche upon head and spine (96 degrees).

The neurasthenic feeling came back in the afternoon, but staid away longer and longer; made its appearance only in the morning, but disappeared after each bath; and now I am the old fellow again, stripped down to the waist and able to take up any fight in the arena of mental work. My heart, which beat 130 times during

and after the hot bath (my normal pulse is 60) made short work of the small cellular accumulation and washed it away. Are there any lymphomaines with that debris of exhaustion? I do not know. But we do not need this hypothesis. This treatment ought to go hand in hand with the drinking of hot water and injecting it, several gallons a day, through a tube not less than a meter in length into the small intestines, where it is taken up, every drop of it. When you cannot have the Hot Springs water, use the physiological salt solution (1-20,000).

The baths have two indications. A bath taken lower than our body temperature cools off the body and makes it a receptacle for colds; a bath above 98 degrees imbibes the body with the water, washes out the lymph sewers, adds warmth to it and hardens it against cold.

The heretofore usual treatment of neurasthenia shows many deficiencies. One wants to benefit the patient by putting "medical sunshine upon his brain"; the other swears by the patriotic product of the "moonshiner" and stimulates—all wrong. Take a run-down horse; arouse his faculties by use of the whip, or other stimulants; the effect is deleterious; you destroy the little remaining vitality of the functionary cell and kill it. That is the condition of our cell. The only thing heretofore used, and highly recommendable, is Weir Mitchell's Rest Cure, because it answers the pathological facts. It has to be combined with the above given advices, with massage and passive motions.

Do you see now where the new era for Hot Springs comes in? How would it be if one of our hotels, instead of being open a few months per year, would advertise solely for the reception of nervous patients, suffering from mental overwork, and for their treatment upon the above outlined basis? All similar institutes are over-filled the year round, and Hot Springs would excel them all, because it offers more probabilities of a cure than any of them.

SPECIFIC IRITIS.

BY J. H. PUTNAM, M. D., OF HOT SPRINGS, ARK.

So many people come to Hot Springs suffering from syphilis in its various stages, that it gives us an opportunity to make many valuable observations. My attention has so often been called to cases of old specific iritis and its disastrous results, that I am induced to express my views. It is generally understood by the profession at

large that a two grain solution of atropine is sufficiently strong to drop into the eve. Inasmuch as most cases have run thine or four dames before consulting a physician, adhesions of the isis have already taken place. Consequently a two-grain or even four-grain ablution of attropine is not powerful enough to break them up. The inflaturethey action goes on, and usually in from twelve to twenty days take eric rets well to all appearances, and the patient and physician corre gratulate themselves upon getting such a good result but this is delusion both to patient and physician. Great damage has been done. The adhesions prevent a perfect flow of the aqueous humor between the anterior and middle chambers, consequently imperfect neurishment of the lens. The lens gradually becomes cloudy, which causes the patient to consult an oculist, expecting immediate raliefy The oculist is forced to explain the condition, but often with unsatiss factory result, for the patient will say that the eve got well under the treatment of Dr. so and so, and it is difficult to make him believe that his tried and trusted family physician was at fault. It would be just to say that he was not at fault, for he did the best he knew brow. In some instances I have succeeded in breaking untold adhesional Hemorrhage sometimes occurs when the adhesions break away, but no evil results follow, for the blood is absorbed in the same: manner as when following an iridectomy. My object in bringing the subject before the profession is to impress the necessity of the early use ef atropine or some mydriatic, and to use a good strength. If a four grain solution of atropine does not dilate the pupil, use an eight or sixteen-grain solution.

The physician should not allow the patient to use a strong solution on himself. I never put into the hands of a patient a solution of atropine stronger than four grains to the ounce, always giving them minute instructions how to use it. Patients suffering from thirst from oppression in the chest or region of the heart, I advise to stop its use and take some stimulant, but I seldom see any ill effects following its use. When instilling a solution of atropine into the eye, I am particular to have the head of the patient turned to the side of the diseased eye, and I instill into the eye a dropper full, letting it drop slowly upon the cornea and run out of the outer canthus. One drop of the atropine solution instilled into the inner canthus will cause more constitutional effect than a whole dropper full would do if allowed to flow out of the outer canthus. the evil results of specific iritis, I would suggest to every practitioner that he always give the patient the benefit of the doubt, and drop into the eye a two or four-grain solution of atropine if there is the least suspicion of an existing iritis. It does no harm to dilate the pupil, and if it is a base of incipient iritis it will listedly subspecial; if placement menting physicaerule, it is the proper thing to descont duly abase of conjunctival inflammation; it will be of benefit. In cases offiglaubonna we are careful about the use of atropines. Fortunately glabounges not a common disease; and the fact of its being so rare while specific iritis is so common, the danger of a mistake is in flavor of iritis; as a mistake is in flavor of iritis; as a mistake is in flavor of iritis.

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report of a case of acute Lose and endered in the control of the control of the case of acute Lose apartments of a case of acute Lose of both Lungs:

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BY HOWARD P. COLLINGS, M. D., OF HOT BERINGSPARK! TO I was the second propert bags: A. Alexander December 1988 A. Alexander 1988 A. Alexan

Assertation of the Hot Springs Medico-Chirurgical Assertation of the Hot Springs Medico-Chirurgical Assertation of the Hot Springs of the Hot Medico Assertation of the Hot Medico Asserta

A. F., aet. 12, Schoolboy-Had a well marked chillion the afternoon of January 25, 1893, followed by febrile symptoms during the evening and night, and by pain in the left side. He was seen the following afternoon when crepitant râles were heard over the posterior region of the lower lobe of the left lung; the other-physical signs and symptoms of acute lobar pneumonia were also present. The lobe rapidly became solidified, and by the third day solidification was apparently complete. His fever had not risen above 103° Fahr., and he was getting along very comfortably on the fourth day when his temperature ran up to 1043° Fahr. and physical signs showed unmistakable evidence of additional involvement of the lower lobe of the right lung, and the respiration became more frequent and labored. The following morning, the fifth day of the disease, the lower lobe of the left lung was found to be clearing up rapidly and hopes of an early recovery were entertained; but on wisiting him in the afternoon he was found to be suffering with a further involvement, this time the upper lobe of the left lung.

It is needless to enumerate further the succeeding steps in the case, suffice it to say that only two more lobes remained—the middle and upper lobes of the right lung—to be involved, and in due time this took place. Enough of the lung cleared in advance of the newly involved portions to at all times carry on the respiratory function, though occasionally his breathing was very labored. He was slightly delirious several nights, but was practically free from delirium during

the day throughout his illness. Cyanosis was a marked symptom towards the latter part of his attack and his pulse was very weak and rapid. The treatment consisted in meeting symptoms as they appeared, and especially toward the last in the relief of the cyanosis and weak heart action. These symptoms were so grave that all hope was given up for his recovery. Everything was tried, seemingly, that would have any tendency to give the patient relief, and as a last resort, when he was bordering on collapse, the heroic dose of calomel was administered. Twenty grains was put on the tongue and swallowed without water, and no water was allowed him for about two hours. The calomel was administered at eight o'clock in the evening of the thirteenth day of the disease.

The patient soon became quiet and remained so during the night followed by a profuse perspiration in the early morning. The bowels moved once in the morning at about seven o'clock, and when seen at eight he was looking bright and feeling well in every way except very weak. A rapid recovery followed, and I only report the case to the Association as it is a unique one, in that the whole of both lungs were affected, and from the fact that I firmly believe it to be one among several which I have seen within the last three years in which a large and heroic dose of calomel saved the patient's life.

ENTERECTOMY—END TO END ANASTOMOSIS--CHO-LECYSTENTEROTOMY WITH MURPHY BUTTON.*

BY W. B. ROGERS, M. D., OF MEMPHIS, TENN.

Professor of Principles and Practice of Surgery and Clinical Surgery at Memphis Hospital Medical College; Consulting and Visiting Surgeon at St. Joseph's Hospital; Chief Surgeon to K. C., M. & B. R. R., and to Y. & Miss. V. R. R.

Case I.—Resection of Small Intestine for Gangrene—End to End Anastomosis with Murphy Button.

October 12th, 1893, Robbert Hannon, male, 20 years of age, jumped from a wagon to the ground. The jar caused the descent of a right inguinal hernia, to which he had been subject for several years. He had theretofore been able to reduce the hernia, whenever it appeared, without the aid of a physician. On this occasion, however, he failed, and called his physician, who, without the aid of an

^{*}Read before the Southern Surgical and Gynæcological Association, New Orleans, November 15th, 1883.

anæsthetic, and very little effort by taxis, succeeded in pressing the hernia apparently back into the abdomen.

The patient, however, continued to complain of pain extending from the inguinal canals towards the umbilicus. There was a slight fulness or induration at the site of the internal ring, but apparently within the abdominal cavity. The patient's general condition was nearly normal. During the next two days calomel, salts and oil failed to act on the bowels. So, also, did repeated enemata of large quantities of water fail to bring away fæcal matter. The abdomen was gradually becoming distended and tympanitic.

When I saw him two days after the occurrence of the hernia, I found his belly greatly swollen, tympanitic, with marked tenderness from the umbilicus down to the inguinal canal on the right side. He was vomiting a dirty greenish-looking fluid with distinctly fæcal odor. Pulse and temperature about normal. I invaginated the scrotum with my finger, carrying it well up into the inguinal canal, but was unable to feel the hernia there, though just above Poupart's ligament, and just under the internal ring, there remained a small induration, indistinctly felt by reason of distension of the abdomen. The conclusion was that the hernia had either been reduced in its sac, or else that both had been well pressed up the inguinal canal, and between the peritoneum and wall proper. An operation was at once decided upon.

An incision three inches long was made over the site of the appendix. At least a pint of blood-stained water escaped from the peritoneal cavity. Inserting my two fingers, I detected a constriction at the internal ring, and succeeded in drawing out eight inches of This I brought through the abdominal wound to the outer surface of the abdomen. It was so congested that at each end of the eight inches, where the encircling band had constricted it, the peritoneum had given away and gangrene was imminent. I immediately cut out ten inches of intestine, and made an end to end approximation by means of Murphy's button. All hæmorrhage was arrested, the abdomen cleansed, and drainage tube so placed as to reach the bottom of the pelvis. The wound was closed with silk suture; the patient taken off the table with a pulse of 80. reaction that night was pronounced, temperature reaching 103°, but fell promptly by morning to 99.5°. His pulse from that time on did not go above 86°, and his temperature ranged under 100°

Fifteen grains of calomel were given the night after the operation; ten grains were repeated the next day, and by means of oft-repeated large enemas the intestinal canal was thoroughly emptied of all gas and fæcal matter at the end of sixty hours. The patient's general

condition was good all of the time after the operation, and he expressed himself ready at any time to get out of bed and go to work. Thirty-two days have now elapsed and his bowels are acting every day without medicine. His appetite is good, and he is eating ordinary food. The drainage tube was removed on the third day. The button was passed at the end of the seventh day.

(The patient was then presented for examination by the Fellows of the Association.)

Case II.—Distended Gall Bladder—Cholecystenterotomy by Murphy's Button.

Captain Elliott; 53 years of age; of sedentary habits, had suffered more or less with dyspepsia for years. Six months before, he became very much jaundiced. The liver was greatly enlarged; he had no fever; pulse feeble at 60 beats per minute; was emaciated to almost the last degree. There was great pain over the pyloric region, with tenderness all along the liver, which projected in a uniform line three inches and a half below the border of the ribs. At the anterior axillary line there was a distinct projection downwards from the liver, reaching the anterior superior spinous process of the ilium.

The case had been diagnosed by several physicians as cancer of the liver. While the symptoms pointed strongly to such a condition, I was not willing to consent to the diagnosis without an operation—this growth had been so rapid; had overreached the rapidity of growth so characteristic of malignancy. I detected what I thought to be the rounded end of the gall bladder projecting at the lowest point of the enlarged liver.

An incision was made two and a half inches below the anterior extremity of the ninth rib, extending downwards three inches. Upon entering the abdomen I found the liver greatly enlarged, very much congested; it was blue, but its surfaces were smooth; and projecting at its lowest point was the gall bladder. I succeeded in bringing the fundus of the gall bladder in the incision, and opening it, evacuated fourteen ounces of bile. With a probe introduced into the gall bladder, and my two fingers in the abdominal cavity, I was enabled to follow the cystic to the common duct, but no further. I examined with my two fingers the under surfaces of the liver, and found no signs of malignant disease. I tested the common duct to the duodenum, and could find neither gall stone or malignant growth, but the liver was so swollen that a stone in the common duct might easily have escaped touch

The condition of the patient at this time admonished a rapid completion of the operation, so that I did not attempt a cholecyst-

enterotomy, but sutured the gall bladder to the anterior wall of the abdomen, hoping that under the use of liberal douches of hot water I might succeed in clearing out the common duct. The patient reacted slowly after the operation, but in a few days was out of all danger. The hot water douching was tried, and every effort made to pass a probe along the common duct without success.

At the end of three weeks he had gained some in strength, his appetite was good, and his color had nearly resumed the natural. The liver had receded beneath the ribs. In this state I allowed him to return to his home to recuperate before I operated for cholecystenterotomy.

Second Operation.—Patient returned after three weeks with general conditition very little improved, but the absence of bile from his bowel seemed to have prevented his gaining in flesh. The prospect of improvement in the absence of bile was so unpromising, that although his condition was bad, in consultation it was deemed advisable to connect the gall bladder and the bowel. At the time of this operation, I again explored the track of the common duct and felt two distinct enlargements, believed to be calculi. The case was not one to waste time in efforts at removal of calculi from the common duct; so I hastily did the cholecystenterotomy and used the Murphy button.

The case progressed favorably, the button coming away from the fistula in the abdomen on the seventh day. We had much trouble in keeping the food from escaping via the gall bladder. Most of the bile passed into the bowel. His condition for ten days was precarious indeed, but he slowly improved, and he went to his home at the end of four weeks. There he gained about fifteen pounds in flesh and was slowly but steadily improving until three months after the operation, when he was taken with diarrhea, soon becoming dysenteric, and he died on the third day.

The operation, however, of gastro-enterotomy with the Murphy button proved entirely satisfactory, and so far as an operation was concerned is to be regarded as a success in the case.

The cold weather in the North has filled all our hotels with visitors in search of health and pleasure. The number who come here to be treated for obesity increases yearly.

JOHN If every one of our subscribers would show a copy of this JOHN IN TO SOME friend with the request that he subscribe, a lasting favor would be done as Without work trouble to our friend.

SELECTIONS.

DON'TS OF RECTAL SURGERY.

BY LEON STRAUS, M. D., ST. LOUIS, MO.

Consulting Rectal Surgeon to St. Louis and Female Hospitals; Fellow British Medical Association; Member American Medical Association; Mississippi Valley Medical Association; Kentucky State Medical Society; Missouri State Medical Society; St. Louis Medical Society.

- 1. Don't tell your patient who has fistula that he can put off an operation ad libitum; it may at any time assume an active state and do much harm by burrowing.
- 2. Don't make light of your patient when he or she complains of pain after an operation for fistula, but examine painstakingly; you may find an abscess forming, or already formed, and thereby save both the patient and yourself much trouble.
- 3. Don't be swift to say you can cure or heal all fistulæ, for the reason that you may (and will) meet with tubercular fistulæ, which may and do fail to heal.
- 4. Don't operate on a patient with a well-marked tubercular fistula, who has lost a great deal of flesh and who is now losing flesh. Defer the operation until your patient improves in strength and flesh. Give your patient vigorous constructive treatment and operate when he begins flesh-making.
- 5. Don't say to your patient, because he has a number of fistulous openings, that he has simple fistula. An examination may prove the existence of a stricture, the fistulous tracks being the result and not the disease per se.
- 6. Don't fail to tell your patient, who has a very bad fistula, that if he gets well of his fistula, he may have a weak sphincter, or possibly incontinence.
 - 7. Don't fail to seek out all sinuses when operating for fistula.
 - 8. Don't fail to trim the edges of the sinus after an operation.
- 9. Don't tell your patient that the operation is absolutely free from all risk, and that it amounts to but little, for the reason that he may not follow out your directions, thereby making the operation, which you said "amounted to but little," a failure.
- 10. Don't say to a patient, who belongs to a phthisical family or who even has incipient phthisis, that he or she should not have an operation; but, on the other hand, urge an operation for the

reason that the patient will get rid of a dangerous local point of infection and also get well of a most troublesome and painful disease.

- 11. Don't delay the opening of a rectal abscess until the pus can be easily reached; but if you suspect pus, reach it with the knife, though it be ever so deeply situated.
- 12. Don't stuff an abscess cavity too full of cotton, but put loosely carbolized cotton at the bottom and depend on watching it to make it heal from the bottom.
- 13. Don't make a positive diagnosis of internal hemorrhoids as the result of digital examination alone.
- 14. Don't be too ready to diagnose internal hemorrhoids because your patient has hemorrhage from the bowel after actions or on going to stool; not infrequently the hemorrhage comes from a bleeding surface, there being no piles at all.
- 15. Don't defer an operation for hemorrhoids because the attack is acute, for the reason that it will take as much time to subdue the acuteness as it would to get your patient well of the operation.
- 16. Don't leave any external tags after an operation for internal hemorrhoids. They often, from one cause or another, become irritated, giving great annoyance.
- 17. Don't do Vernieul's operation, viz: divulsion for the radical cure of prolapsing hemorrhoids. You will be disappointed as well as your patient.
- 18. Don't neglect to see your patient at bed hour and make him comfortable for the night. Also see to it that there is no hemorrhage; sometimes a ligature cuts through opening up a blood vessel from which your patient might bleed to death.
- 19. Don't say to a patient who complains of his rectum without any local lesion, that he has nothing the matter with him. Examine his prostate, urethra and bladder. He may have one of those persistent reflexes which we occasionally meet.
- 20. Don't tell your patient that he has cancer of the rectum unless circumstances absolutely demand it, for the reason that it is like putting a rope around his neck.
- 21. Don't temporize with cases that require an operation. Such a course will not benefit the patient nor the surgeon.
 - 22. Don't fail to do all operations on the rectum antiseptically.

 407 N. Grand Ave.

 —Ex.
- Dr. J. M. Keller has had very good results with gallocetophenon in the treatment of skin affections, especially in the treatment of Psoriasis. He uses a ten per cent ointment and has the patient bathe daily in hot water.

COMBARATINE TREATMENT, OF GONORRHOLD OR MEDICATION OR

Fur add [true + 998] CLEANLINESS?

BY CHARLES ANDERSON, M. D.

(Observations of a series of cases in a U. S. Army Hospital.)

- As the poor we always have with us, so, as a rule, most physicians in general practice have a patient with the gonorrhoes. Of course, every once in al while some bright medical genius discovers some new specific for his companion of youth and indiscretion, but after a short time we all go back to our old routine practice, and unfortunately our routine is neither brilliant nor satisfactory.
- assistant surgeon, I had an unusually good chance to practice on this class of cases. The troops were both white and colored, the squaws (Mojave, Yuma and Apache) were plentiful about pay-day, and a week or ten days thereafter a plentiful crop of new cases would turn up at the hospital. All the standard remedies were used. Cubebs, capaiva and oil of sandal-wood, as well as injections of astringents, irritants, soap and water, salt and water, but water and cold water—all with about the same result—unsatisfactory.

A few months before the close of my service, I read two articles on the treatment of gonorrhea, both of which laid claim to being the latest and best mode of procedure. One was the irrigation of the urethra with a weak solution of bichloride of mercury, and the other substituted bicarbonate of soda. Both rejected internal medication as useless and unscientific and often injurious.

I determined to give them both a fair trial, so directed the hospital steward to try the bichloride on the first case that presented, and the soda on the second, and so to alternate on each succeeding case. To insure thorough medication and the certainty of our observation of results, the men were put to bed on entering the hospital, and were not allowed to be up till the case was cured.

The routine in each case was as follows, with a fountain syringe, and four feet of number turing with a No. 7 English rubber catheter; the catheter was introduced far enough to be well behind the field of inflammation, and the penis was grasped firmly enough below that point to prevent the passage of any of the injected fluid. Then the anterior part of the urethra was washed out with a quart of as warm water as the patient could stand, and three ounces of 1 in 7000 to 1 in 10,000 bichloride solution was used, or the same quantity of 10 grains to the bunce of bicarbonate of soda three times daily. My hospital steward took unusual care in the management of these cases, for he

became greatly interested in the competitive test of the two plans of treatment, and to his care and interest much of the value of the observation is due.

I had every reason to be satisfied with the result of all these cases, under both plans, and either of them was better than anything I had ever tried. From the first I was of the opinion that the cases treated by the bichloride were well sooner, and after a month or so was fully convinced that it was so, though it was only an impression; but the trial was continued. At the end of five months I had the hospital steward calculate the average time of cure for each plan. The average of each was a little over eleven days, the fraction being in favor of the mercuric treatment, but the fraction was small. I was very much surprised at the result for I expected there would be from three to five days in favor of the bichloride. Of course, eleven days and a fraction is much better than is obtained by ordinary means in civil practice.

The test was made under the most favorable circumstances, viz: with military discipline to control the patients. I should have liked to try the experiment of treating a number of cases by rest and hot water alone as a contra-experiment, but my health gave way at that time and I left the service. It is of some importance to have it determined how much of the result was due to medication, and how much to rest in bed and cleanliness—Pacific Medical Journal.

"Milk for babes and meat for strong men" is a saying of old; but I am sure that strong men, weak men, in fact, all men, would be better for eating less meat and drinking more milk. Of course it goes without saying that pure milk should be insisted upon, not forgetting that the source of supply should be known and that its environment should be carefully guarded, for milk becomes more readily polluted by filthy surroundings than any other article of diet.

The family that desires to have strong, robust children should insist upon a diet where milk stands pre-eminent. The man run down from over-work and loss of sleep can build himself up more rapidly by drinking freely of scalded milk than any other way. The worn and wasted mother, whose burdens are almost driving her to the wall, can be given new life and blood and inspiration for her work more promptly by drinking a liberal supply of milk than by other diet. The young society woman, fagged out from late hours and the excitement of dancing and improper exposure to chilling drafts or improper dress, will find in hot milk truly "tired nature's sweet restorer."—Medical Mirror.

THE

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FEBRUARY 15TH, 1894.

EDITORIAL.

The November and December 1893 numbers of the New York Polyclinic, contained an exhaustive article from the pen of Dr. B.

SYPHILLIS OF THE NERVOUS SYSTEM. Sachs, on Syphillis of the Nervous System, which is an abstract of the author's article in Morrows System, Vol. II. In speaking of the treatment the doctor advocates the mercurial ointment in

preference to all preparations of mercury, which method we fully endorse. When the mercury is given by inunction there is not so much danger of producing gastro-intestinal disorders or of causing salivation, this is especially true if the patient is ordered to take a warm or hot bath daily.

One dram of the ointment is rubbed upon the body of the patient daily for at least fifteen minutes, after which time very little of the ointment can be seen if the pores of the patient's body are not clogged with effete material.

The iodide of potassium or sodium is also given in daily increasing doses; begin with ten drops of the saturated solution three times a day and instruct the patient to increase from one to five drops each day until the full effects of the iodides are noticed.

In closing his article Dr. Sachs writes as follows:

"Hygienic measures should be carefully regarded, and, above all, it will be found advantageous to institute regular hydrotherapeutic

measures, including warm baths several times a week, and the more tonic lukewarm, followed by colder washes and douches, which may well be given every morning immediately upon rising.

"It is the combination of general hygienic and hydrotherapeutic measures, together with mercurial and iodide treatment, that has placed various watering-places in high favor with the medical and the general public. In this country the Hot Springs of Arkansas are the Mecca of patients suffering from any form of syphilitic disease of the nervous system. In Europe, Aix-la-Chapelle and Nauheim are at the present day the resorts most frequented by this class of patients. There would be naught but commendation for these places if a little more discrimination were shown in the treatment of specific disease of the nervous system, and if the physicians in charge of these various springs would learn to treat cases upon their individual merits and according to the needs of the individual patient."

The fact is recognized by Hot Springs physicians, that syphillis of the nervous system is not necessarily an affection of the tertiary stage, even if it were I do not know that our mode of treatment would differ materially, for we think mercury indicated in the tertiary as well as in secondary stage, although contrary to the views of some of the most eminent syphilographers. As an auxiliary in the treatment of syphilis the Hot Springs of Arkansas cannot be surpassed.

In nervous syphilis these waters have a soothing effect on the nerves and a stimulating effect on the circulatory system—cause waste products to be thrown from the body through the channel of the skin and kidneys and hasten the absorption as well as the elimination of a drug thereby in a short time driving from the system morbific and pathological materials that would have remained an indefinite period in some cases if treated without the assistance of our thermal water.

T. M. B.

We are glad to be able to present to our readers an excellent portrait of Dr. J. B. S. Holmes, of Rome, Georgia, president-elect of the DR. J. B. S. HOLMES.

Tri-State Medical Association, and one of the vice-presidents of the Southern Surgical and Gynecological Association.

He was engaged up to two years ago in the general practice of medicine, but since that time has devoted himself almost exclusively to gynecology. The doctor is now at work on his new sanitarium which he is erecting in Atlanta, when it is completed he expects to remove to that city and engage in special practice, "Diseases of Women."

As a writer, his contributions have been interesting and of an original character. Besides being a member and officer in the above named societies, Dr. Holmes is a member of the American Medical Association, American Association of Obstetricians and Gynecologists, and ex-president of the Georgia Medical Association.

We trust that the Arkansas State Medical Society will instruct its delegates to the American Medical Association, which meets at San Francisco next June, to vote down the amendment **AMERICAN** making it ethical to consult with any of the numer-MEDICAL ous pathys which now exist and are in preparation ASSOCIATION. of evolvement in its hatchings. The concession here asked for is but the crying of the twigs upon the topmost limbs of the mighty oak to their trunk, that it too should bend and oscillate at every passing zephyr. Again let the American Medical Association, in its organization from year to year, remain essentially Democratic: allow no entailment in office nor from the constitution and by-laws any phrase or paragraph, whereby the wily politician may find any excuse for self-perpetuation in office and power.

Dr. Chas. H. Hughes, editor of the Alienist and Neurologist, presents the readers of the January number with a valuable assortment of choice articles. We take pleasure in giving the list of matter below:

"The Successful Management of Inebriety Without Secrecy in Therapeutics," by C. H. Hughes, M. D., St. Louis: "Treatment of Nervous Diseases in Sanitariums," by James K. King, M. D., Ph. D., Watkins, N. Y.; "Insanity in Children," by Harriet C. B. Alexander, A. B., M. D., Chicago, Ill.; "The Treatment and Prophylaxis of Insanity," by John Punton, M. D., Kansas City, Mo.; "Study of the Causes, Symptoms and Treatment of Partial Epilepsy," by Roque Macouzet, M. D., Mexico; "Muscular Atrophy Considered as a Symptom," by Wm. C. Krauss, M. D., Buffalo, N. Y.; "Transitory Frenzy," by Theodore Diller, M. D., Pittsburgh, Pa.; Editorial on the Code, other Editorials, Selections, Hospital Notes, Reviews, Etc.

THE Mississippi Valley Medical Association meets at Hot Springs November 7th, 8th and 9th, 1894.

T. E. H.

VITAL STATISTICS.—CITY OF HOT SPRINGS.

Total number of deaths for the month of December, was 26.

Causes of Deaths.—Pneumonia, 2; Liver Disease, 1; Dropsy, 3; Innnition, 1; Consumption, 1; Typhoid Fever, 1; Dyspepsia, 1; Inflammation of the Stomach, 1; Cancer, 1; Aortic Aneurism, 1; Congestion, 2; La Grippe, 1; Heart Failure, 1; Syphilis, 2; Hemorrhage, 1; Wound, 1; Not Given, 1.

CLASSIFICATION OF DISEASES.—Zymotic, 5; Local, 13; Violent, 1; Developmental, 0; Constitutional, 5; Not Given, 2.

CLASSIFICATION OF PERSONS.—Males, 17; Females, 9; White, 16; Colored, 10; Residents, 14; Visitors, 12; Adults, 24; Under Age, 2.

Social Relations.—Married, 11; Single, 7; Widowed, 6; Under Marriageable Age, 2.

OCCUPATIONS.—Farmer, 1; Housewives, 6; Horse Trainers. 2; Laborers, 2; Doctor, 1; Miner, 1; Bawdy Woman, 1; Shoemaker, 1; Not Given, 11.

NATIVITY.—Missouri, 1; Arkansas, 7; Tennessee, 2; Louisiana, 1; Colorado, 1; Pennsylvania, 1; United States, 6; England, 1; Bohemia, 1; Ireland, 2; Sweden, 1; Not Given, 2.

AGES IN PERIODS OF TEN YEARS.—Under 10 years, 2; From 10 to 20 years, 1; From 20 to 30 years, 1; From 30 to 40 years, 6; From 40 to 50 years, 5; From 50 to 60 years, 3; From 60 to 70 years 4; From 70 to 80 years, 2; From 80 to 90 years, 2.

Wards.—First Ward, 6; Second Ward, 4; Third Ward, 6; Fourth Ward, 4; Fifth Ward, 1; Sixth Ward, 1; Not Given, 4.

CEMETERIES.—Greenwood, 16; Hollywood, 2; Catholic, 0; Jewish Rest, 0; Removed out of the city, 7; Not Given, 1.

PER CENT OF DEATHS TO THE 1000.—Visitors and Citizens, 14.18; Residents, 10.05.

AVERAGE LIFE.—Average Life, 46 years, 2 months, 16 days.

BIRTHS.—The total number of Births reported was 9. Males, 1; Females, 8; White, 8; Colored, 1; Living, 8; Stillborn, 1.

This month's mortuary report is remarkable in the number of old people that have died. La Grippe, in a very mild form, has prevailed during the month. It has attacked our people very generally, but only one death has been reported.

At a meeting of the Faculty of Jefferson Medical College, held on January 8th, 1894, it was unanimously resolved to institute a compulsory four-years course with the session of 1895–96.

This step was taken in order that the large clinical service of the Jefferson College Hospital (350 cases a day) might be utilized to the fullest extent in carrying out the desire of the Faculty to provide advanced medical education of a practical character.

Our Subscribers will oblige us by letting us know if any number of this JOURNAL fails to reach them. We will gladly supply the missing number if notified in time. We send out a large number each month, and sometimes a name is overlooked by mistake.

Notes on Hot Springs.

BY T. M. BAIRD, M. D.

The monthly health report which is published regularly in this JOURNAL, will be found to be lower than any large city in the country, which is remarkable considering the large number of invalids who come here to be treated after they have failed to find relief at home.

Resumé of analysis of the waters of the Hot Springs of Arkansas. (In grains per United States gallon.)

Constituents (Hypothetical Combination.)	Rockafellow Bath House.	Egg.	Rector.	Big Iron.	Ral.	Alum.	Old Hale.	Magnesia.	Average of Seven Springs.
Silica (Si O ₂)	.28 .01 1.09 6.97 .42 .23	.25 .13 1.17 7.26 .36 .25	.27 .01 1.09 7.28 .45 .22	.28 .03 1.21 8.13 .37	.29 .02 1.12 6.78 .44 .26	.81 .01 1.07 6.66 .43	.24 .06 1.08 7.14 .42	.26 .06 1.20 6.85 .41 .27	.27 .04 1.18
Total	11.62	12.18	11.97	18.07	11.46	11.22	11.73	11.75	11.88
Total solid material in solution dried at 230° to 239° F. (110°-115° C.)		18.12	12.07	12.94	12.83	18.12	18.47	13.06	12.94
Carbonic acid (CO ₂), free and for bicarbonates	8.81	4.17	4.07	8.63	4.57	5.12	5.66	5.76	4.71
Temperature in degrees F	134.78	144.68	139.28	146.48	139.28	115.88	142.90	124.88	136.1

Average temperature, 186.02° F. Total solid material in solution, dried at 230°-239° F. (110°-115° C)., 13.03 grains per U. S. gallon. Carbonic acid ($\rm CO_2$) free, and for bicarbonates, 4.60 grains per U. S. gallon.

Mineral springs are generally valued by the amount of mineral contained in them. These springs, as will be seen from the foregoing analysis contain but little solid material in solution, from which we draw the conclusion, that the therapeutic properties of these waters are due more to physical properties than to chemical combination.

We have never had an epidemic of any sort, which is attributed to the fact that our sewerage system is a good one and that the city of Hot Springs, although in a valley, is upon higher ground than the surrounding country. Many patients have been sent to Hot Springs, Ark., for several months' sojourn and have returned within a few days—robbed of every dollar by some "physician" of Hot Springs. More than one case of this kind has come under my personal observation. The sharks have in years past had things their own way; but now all drummers are labelled as such, and the Hot Springs Medical Journal has just published a list of members of the local medical society. This should be extensively copied that every reader of medical journals may know the name of some reputable physician to whom patients may be directed. The list is as follows:

BARRY, L. H.	GARDINER, J. B. W.	Koontz, A. F.
BARRY, P. L.	GARNETT, A. S.	Koch, G. C.
BARRY, W. H.	Greenway, G. C.	PAYNE, J. B.
BAIRD, T. M., Secretary.	HAY, E. C.	Minor, J. C., President
Collings, H. P., Treasurer.	HOLLAND, T. E.	Rogers, H. C., Vice-Pres.
Fіттs, H. B.	Jelks, J. T.	ROGERS, SHEP. A.
Gaines, J. H.	Keller, J. M.	Thompson, M. G.

There are doubtless other gentlemen there in the profession, who, although they have never identified themselves with the Society are, nevertheless, men of honor and ability. These gentlemen should become members of the Society as soon as possible as the best means of assuring their identity.—Lamphear's K. C. Med. Index.

If the medical journals throughout the country would follow the example of our worthy contemporary, it would not be many months before the "drumming doctor" would be compelled to "fold his tent and steal away" to pastures new, where he is not known. The editors of this Journal are doing every thing in their power to break up this practice, which is gradually becoming known to the people throughout the country. Very few visitors pay any attention to these men, for they have been warned before leaving home to go immediately to the physician to whom they were recommended. When that is done they need have no fear of being robbed by a lot of unscrupulous quacks.

All persons bathing here should be under the supervision of a competent physician, who should see them daily, that he may be able to regulate the temperature of the bath and change the dose of his remedy, or make a change in his treatment. Directions are written to the bathing attendant telling him what kind of a bath to give; also how long to keep the patient in the bath and the various rooms.

Never send a patient to Hot Springs unless you write a letter to some physician, telling him your diagnosis, treatment, or anything you may consider necessary for the good of the patient. If this course were pursued by all physicians sending patients here, we could prescribe wisely at once.

In a circular issued by the War Department, from the Adjutant General's office, in September 1892, the waters of Hot Springs were declared better suited in the following classes of diseases than any other method available, viz.: In the various forms of gout and rheumatism, after the acute and inflammatory stage; neuralgia, especially when dependent upon gout, rheumatism or malarial poisoning; paralysis, not of organic origin; the earlier stages of locomotor ataxia and tubes, and the earlier stages, only, of Bright's disease; diseases of the urinary organs; functional diseases of the liver; gastric, not of organic origin; chronic diarrhœa; catarrhal affections of the digestive and respiratory tracts; chronic skin diseases, especially of the squamous varieties, and chronic conditions due to malarial infection.

"That the Hot Springs waters are contra-indicated in all acute inflammatory diseases, tuberculosis, organic diseases of the heart and brain, cancer and other malignant diseases, aneurism, and all cases where stimulation of the circulation is to be avoided."

Dr. H. C. Rogers considers syphilis a self limited disease and thinks we should assist nature in ridding the system of the poison, by the judicious administration of mercury and the iodides, and as an auxiliary, the methodical use of the hot springs of Arkansas. He uses the hot water internally as well as externally and looks after the patient's general health, giving tonics if the patient's condition demands them. He thinks a great deal of harm is done by overtreating the disease and losing sight of the fact that the patient demands the closest attention, especially for the first year, in order that we may detect any change in the general health of the patient; if anæmia or debility present themselves do not lose a moment but see that he has wholesome and easily digested food, and a tonic, that the system may be able to resist the ravages of the disease.

Dr. W. B. Rogers, Professor of Principles and Practice of Surgery in the Memphis Hospital Medical College, was a pleasant caller during the past month. The doctor has great faith in our thermal springs and shows his good faith by sending a large number of patients here to undergo treatment while taking baths.

PUBLISHER'S DEPARTMENT.

"GARROD SPA"—DR. ENNO SANDER'S.—It ever affords this JOURNAL pleasure to give credit where merit is prominent, and so it is with pleasure we here make mention of the already famous medicated waters put up by our esteemed friend and one of the benefactors of the human race, Dr. Enno Sander of St. Louis, who needs no introduction to the practical and thoughtful physician, for already the virtues and fame of "Garrod Spa," "Lithia-Potash Water" have made a lasting name for Dr. Sander.

AN ANTISEPTIC, ANALGESIC AND CALMATIVE ADMIXTURE.—H. B. Pettingill, M. D., Mystic Flats, 39th & Broadway, New York City, in an article on "Intestinal Antisepsis" in *New Phar. Prod.*, gives some excellent experience from which the following is selected:

"Dr. Van Valgah, in a paper on the "Causation and Treatment of Chronic Diarrhea," in the New York Medical Record, says: 'Having secured as nearly as we can a clean and sweet state of the digestive tube, our next object is to get perfect digestion of the food taken. This is an aim second to no other in importance. Undigested food in the wrong part of the intestine is an irritant. Rapid absorption is the chief barrier against superdigestion, fermentation and putrefaction, and perfect digestion is the essential preliminary to the easy and healthy performance of the function of the mucous membrane.' Now, with this condition of affairs and the administration of proper remedies, we can expect to destroy the pathogenic bacteria and the resulting toxtines can be rendered innocuous. The tyrotoxicons of Vaughan belonging to the toxalbumen type are readily destroyed by the decomposition of salol in the intestinal tract. Salol is a salicylate of phenol, and as said before, is not acted upon until it passes through the stomach, and when the phenol is set free in the intestine it has its maximum antiseptic power. Now, in addition to this, we have the calmative and analgesic effect of the antikamnia, which effect is so often necessary, and where in many cases opium is contra-indicated.

Every physician knows full well the advantages to be derived from the use of antikamnia in very many diseases, but a number of them are still lacking a knowledge of the fact, that antikamnia in combination with various remedies has a peculiarly happy effect; particularly is this the case when combined with salol. Salol is a most valuable remedy in many affections; and its usefulness seems to be enhanced by combining it with antikamnia. The rheumatoid conditions so often seen in various manifestations in this country, are wonderfully relieved by the use of this combination.

The five grain tablet containing $2\frac{1}{2}$ grains each of antikamnia and salol, is recommended highly in the treatment of cases of both acute and chronic cystitis. The pain and burning is relieved to a marked degree. Salol makes the urine acid and clears it up. This remedy is a reliable one in the treatment of summer diarrhœa, entero-colitis, dysentery, etc. In dysentery, where there are bloody, slimy discharges, with tormina and tenesmus, a good dose of sulphate magnesia followed by salol and antikamnia, will give results that are gratifying.

FLUID BEEF AND EXTRACT OF MEAT.—Messrs. Libby, McNeill & Libby. Gentlemen:-I have submitted samples of your Fluid Beef and Extract of Meat to chemical and other tests with very favorable results. Specimens of your Fluid Beef have now been in my possession for several months, and I find no deterioration in the quality though portions were removed from the bottles from time to time thus allowing air to enter and induce changes, were the contents liable to such. No precautions were taken to keep the Fluid in a cool place, and during the test the temperature of the room has varied greatly. It has been the aim of manufacturers of fluid preparations especially to preserve the nutrient albuminoids and to reduce the proportion of nitrogenized substances whose chief effects are those of nerve tonics and stimulants. older Extracts of Meat contained a large percentage of the last mentioned. Processes yielding nutritious albuminoid bodies transform the muscular tissues and juices into albuminoses and peptones, and these two classes are often reported separately. As, however, chemists and physiologists are fairly well agreed that the two classes are equally nourishing, I have combined them under the one head that their proportion to other nitrogenized bodies should The relatively high proportion of the albuminoids and be more evident. peptones renders these above mentioned articles especially valuable to the physician where he desires a prompt resuscitation of the patient. The flavor of the Fluid is agreeable and appetizing, being pleasanter than the taste of other Meat Extracts. Such a preparation is the more likely to meet with favor and induce those mysterious changes which constitute the assimilation of nourishment. Yours respectfully,

Charles A. Doremus, M. D., Ph. D.
Chemical Laboratory of the College of the City of New York, 17 Lexington
Ave., Oct. 10, 1892.

RECURRING GRIPPE.—The history of epidemics is almost uniform in the direction of their extending over several years. Frequently the disease is endemic, becoming a definite part of every day life, as witness diphtheria in many sections of the country. La Grippe is no exception. Appearing among us as it did several years ago, it returned the second year in a form more virulent than first, producing effects far-reaching and uniformerly demoralizing. Observing practitioners cannot have failed to notice that during this summer and fall, many cases could be explained by no other hypothesis than that they were affected either directly or remotely by the grippe. The possibilities are that the coming winter and spring will develop enormous numbers of these cases; cases effected de novo by the germ; if there be one; and cases that have never yet recovered from previous attacks, with re-aroused disturbances due to the sudden and frequent changes of the weather. Feeling the importance of keeping open the excretory system of glands and at the same time considering thoughtfully the rheumatic feature that accompanies these cases, no remedy would more promptly suggest itself to our mind than that of Tongaline. Knowing as we do definitely, the component parts, the combination naturally suggests antagonism to a lock-up condition of the glands, opposition to la grippe, neuralgia, rheumatism, nervous headache and gout.

We commend it earnestly and emphatically to the practitioners of the country at large, to meet the conditions to which we have referred.—I. N. Love, M. D., Vice-President American Medical Association.

In closing this paper, Dr. Pettingill adds: It is also one of the best remedies for the relief of the headache and pains of influenza, ("la grippe"). The muscular pains which so often accompany this disease, and which seem to be a part and parcel of it, are often relieved at once by a full dose of this combination. Great reliance can be placed in the admixture of these two drugs in those diseases in which the onset is sudden, and which are attended with great pain and hyperasthesia with intense nervous derangement, particularly when the temperature rises to 102° or 103°. By its antithermic, analgesic and neurotic properties, it fills a want scarcely found in any other remedy."

Sennine.—This preparation has recently been introduced to the profession by the Dios Chemical Company, put up in two-ounce tin boxes, with inner perforated lid, and is made by a German chemist whose qualifications I know, and I am glad to recommend the preparation, because it is a scientific one, and is put up in such a neat and practical manner, as to readily answer the requirements of the busy surgeon in private, as well as in hospital practice.—Prof. A. C. Bernays, St. Louis, Mo.

R. & H. Three Chlorides.—I can assure you that I am very much pleased with R. & H. Three Chlorides. You have succeeded in forming a combination which is pleasant to take and which is indicated so often where an Alterative and Tonic is needed. I have been using it in a case of general debility with Diabetic Urine following La Grippe. He has taken the remedy only a few days and there is perceptible improvement. Sugar in Urine examined to-day deminished nearly one-half.—Dr. Z. J. Lusk, Vice Pres. N. Y. State Medical Ass'n., New York.

Peacock's Bromides.—I have used Peacock's Bromides in four cases of epilepsy, and it is only fair for me to state that I have had good results in each case. In three of these cases there were no attacks at all while the medicine was used, although they had been frequent and severe in spite of the exhibition of the ordinary bromide salts. I say while it was used, because I have had difficulty in convincing some patients that they were not entirely cured after using one bottle, but where I have been able to have them continue the treatment for a reasonable time after the disappearance of the fits, there has been no return of them, even after the medicine was stopped.—Chas. C. Johnson, M. D., Columbia, S. C.

Cactina Pillets.—Cactina, the active principle of the Cactus grandiflora, has been lately used with much success as a cardiac tonic. It has been found especially valuable in cases of functional disorders of the heart, and produces good results in cardiac dilatation, with anasarca, with or without valualar disease, when digitalis and other drugs have failed. It has no tendency to produce gastric disturbance, and in this respect it has a decided advantage over digitalis. The drug has been put up as Cactina Pillets by the Sultan Drug Co., of St. Louis, and their agents in this country have sent us a sample to test their efficacy. The production is decidedly a pharmacal triumph, and their form lend themselves most conveniently to administration. Each pillet contains a hundreth of a grain of Cactina, and having been able to test the value of them in several cases, we have found them most reliable and efficacious, and are glad to give them a word of commendation.—Medical Press, London, Eng.

MISCELLANEOUS.

An Army Medical Board will be in session at Washington, D. C., during April, 1894, for the examination of candidates for appointment to the medical corps of the United States Army, to fill existing vacancies.

Persons desiring to present themselves for examination by the Board will make application to the Secretary of War before March 15, 1894, for the necessary invitation, giving the date and place of birth. the place and State of permanent residence, the fact of American citizenship, the name of the medical college from which they were graduated, and a record of service in hospital, if any, from the authorities thereof. The application should be accompanied by certificates, based on personal acquaintance, from at least two reputable persons, as to his citizenship, character and habits. The candidate must be between 22 and 28 years of age, and a graduate from a regular medical college, as evidence of which, his diploma must be submitted to Successful candidates at the coming examination will be given a course of instruction at the next session of the Army Medical School, beginning in November, 1894. Further information regarding the examinations may be obtained by addressing the Surgeon-General, U. S. Army, Washington, D. C.

WE desire to call the attention of our readers to the change of address of the firm of "The Columbia Chemical Co.," whose address has heretofore been No. 90 South Fifth Avenue, New York, but has recently been removed to Washington, D. C., No. 1704 G Street, N. W. See advertisement in this JOURNAL.

IN Dr. Frank Trester Smith's article on cocaine, which was published in this JOURNAL last month, there was a mistake, which we cheerfully correct. It read: "We take a ten per cent as a standard solution," and "a solution stronger than ten per cent should not be used." It should read: "We take one per cent as the standard solution," and "a solution stronger than one per cent should not be used," etc.

THE subscription price of THE HOT SPRINGS MEDICAL JOURNAL is \$1.00 per year.

BOOKS AND PAPERS RECEIVED.

- A New Method of Fixation of the Fragments in Compound and Ununited Fractures. By Nicholas Senn, M. D., Ph. D., L. L. D. Reprint from The Annals of Surgery, 1893.
- THE ROLE OF THE POSTERIOR URETHRA IN CHRONIC URETHRITIS.

 By Bransford Lewis, M. D. Reprint from The N. Y. Medical Record, 1893.
- Some Practical Experiences with Muscular Anemalies. By T. E. Murrell, M. D. Reprint from The Journal of the A. M. A., 1893.
- THE SIMPLE DRESSING AFTER CATARACT EXTRACTION. By T. E. Murrell, M. D. Reprint from The Opthalmic Record, 1893.
- THE TREATMENT OF BLENORRHŒA NEONATORUM. By Boerne Bettman, M. D. Reprinted from The Journal of the A. M. A., 1893.
- THE RELATION BETWEEN THE EYES AND DISEASE OF THE FEMALE GENITAL ORGANS. By Boerne Bettman, M. D. Reprinted from The American Journal of Obstetrics, 1893.
- Spastic Senile Entropion Cured by Canthotomy. By Boerne Bettman, M. D. Reprinted from The North American Practitioner, 1893.
- A BILL TO ESTABLISH A BUREAU OF PUBLIC HEALTH WITHIN THE TREASURY DEPARTMENT OF THE UNITED STATES. Prepared by The National Quarantine Committee of the New York Academy of Medicine, 1893.
- PUBLIC HEALTH REPORT OF THE ACADEMY OF MEDICINE. Reprinted from The Medical Record, 1893.
- Annual of Universal Medical Sciences (issue of 1893). Edited by Charles E. Sajous, M. D., and seventy Associate Editors, assisted by over two hundred Corresponding Editors, Collaborators and Correspondents. Illustrated with Chromo-Lithographs, Engravings and Maps, 1893. F. A. Davis Company, Publishers, Philadelphia, New York, Chicago and London. In five volumes. Sold only by subscription. Price, \$15.

All progressive physicians should subscribe for this "yearly report of the general sanitary sciences throughout the world." Each department of medicine, surgery, obstetrics, etc., has received careful attention from a masterly hand. The five octavo volumes are replete with the advances that have taken place since the last issue.

THE PHYSICIAN'S WIFE; AND THE THINGS THAT PERTAIN TO HER LIFE. BY ELLEN M. FIREBAUGH.—With portrait of author and 44 photo-engravings of original sketches. In one Crown Octavo volume of 200 pages. Extra Cloth, \$1.25 net. Special Limited Edition, first 500 copies, numbered, and printed in photo-gravure ink on extra-fine enameled paper; bound in Half-Leather and Vellum Cloth, \$3.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

Not only physicians' wives, but anyone who wishes to read a book true to life and at the same time very interesting, will enjoy a quiet half hour reading "The Physician's Wife. The author writes with ease and in a very original manner; she gives more good advice to physicians about how they should conduct themselves with their wives than we imagined possible, without touching a sore spot. Any physician wishing to see himself as seen by his better half should not fail to read this book.

- REPORT OF FOUR CASES OF ABDOMINAL SECTION WITH RECOVERIES. By J. D. SOUTHARD, M. D., Fort Smith, Ark. Reprint, 1893.
- CHRONIC ENDOMETRITIS; ITS ÆTIOLOGY, MODERN METHODS IN DIAGNOSIS AND TREATMENT. BY CHARLES G. CANNADAY, M. D., of Roanoke, Va. Reprint, 1893.
- Subinvolution of Uterus, and its Treatment by Electricity. By Chas. G. Cannaday, M. D., of Roanoke, Va. Reprint, 1893.
- THE SUCCESSFUL MANAGEMENT OF INEBRIETY WITHOUT SECRECY IN THERAPEUTICS. BY C. H. HUGHES, M. D., St. Louis, Mo. Reprint, 1894.
- THE LIGATURE VS. OTHER METHODS OF OPERATING FOR INTERNAL HEMORRHOIDS. By Leon Straus, M. D., St. Louis, Mo. Reprint, 1893.
- RELATION OF PULMONARY PHTHISIS TO RECTAL FISTULA. BY LEON STRAUSS, M. D., St. Louis, Mo. Reprint, 1892.
- THE TREATMENT OF SYPHILIS. BY T. M. BAIRD, M. D., of Hot Springs, Ark. Reprint, 1893.

We want short communications on every day subjects, and reports of cases for publication in this JOURNAL. Only a few lines on some practical subject may be of incalculable aid to some brother practitioner.

ANSWERS TO CORRESPONDENTS.

No. 71—Detroit, Mich.

The waters here are considered of little or no value in so-called cases of "weeping eczema." The dry forms of eczema and psoriasis are generally cured by the water.

M.

No. 72-Minneapolis, Minn.

"Syphilitic patients" are in the minority here, although the waters have proven to thousands their invaluable curative qualities. The majority of the visitors during the winter season and spring come for recreation, for rheumatism, skin affections, nucroses, stomach and bowel disorders.

M.

No. 73-Atlanta, Ga.

Yes, sir, many of the physicians here use the baths at from 100° Fahrenheit to 104° Fahrenheit with excellent results in the sub-acute forms of rheumatism and chronic, but never use the baths at all when a febrile condition exists. These high temperatures are, of course, modified according to the vital forces in each case; the age and previous treatment to be considered. Many debilitated patients can take the baths at a high temperature if a cold sponge bath be administered shortly afterward.

It is best to strip a patient when examining him for syphilis, unless the symptoms are very prominent. Never give a positive opinion until the eruptive stage makes its appearance, which it will certainly do if the patient has syphilis. The glands should be examined carefully, always remembering that the glands nearest the point of infection are first affected.

We have just received a package of blotters from Frederick Stearnes & Company of Detroit, Mich. The blotters are the prettiest we have yet seen, each one has a beautifully colored picture on it. Besides being pretty the blotters are useful. Any physician sending his address to the above mentioned firm will receive a few of them free of charge.

Dr. S. P. Collings, of Hot Springs, treats carbuncles by applying to them absorbent cotton wet in hot water, to which he adds carbolic acid enough to make about a four per cent solution. He says the pain is greatly lessened and the inflammation subsides much quicker than by any other method he has yet tried.

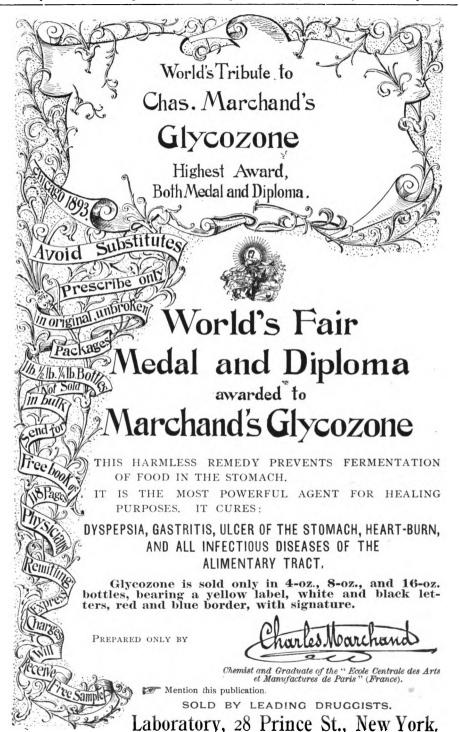
The Texas State Medical Association will hold its next meeting in Austin on April 4th, 1894.

Dr. Joseph Price of Philadelphia has resigned as physician-incharge of the Preston Retreat. He was compelled to do so on account of increasing demands on his time. Dr. Price has no rival in abdominal surgery in this country and is known everywhere as a skillful and successful operator. Dr. Price is always welcomed warmly to society meetings wherever he goes, for, besides being a surgeon of such renown, he is a cultivated and genial gentleman. We hope to have Dr. Price with us next November, when the Mississippi Valley Medical Association meets here.

Cause of Death from Bullet Wounds of the Brain.—A London correspondent writes in the Am. Prac. and News, that Mr. Victor Horsley maintains that the cause of death from bullet wounds of the cerebral hemispheres is due to the sudden increase of intracranial pressure brought about by the entrance of the bullet into the cavity of the skull, a cavity which was closed and already full. As an experimental demonstration of this, he showed that when a closed cavity filled with water and lint was fired into, the increase of internal pressure manifested itself by the bursting of the canister with great violence. The increase of pressure in the brain took effect on the respiratory center, which becoming paralyzed, death ensued.

Dr. OLIVER WENDELL HOLMES, who once made some remarks in reference to a charge that in his writings he drew all his villains from the clerical and legal profession, said: "I am afraid I shall have to square accounts by writing one more story, with a physician figuring in it. I have long been looking in vain for such a one to serve as a model. I thought I had found a very excellent villain at one time, but it turned out he was no physician at all, only a—I mean not what we consider a practitioner of medicine. I will venture to propose a sentiment which, as I am not a working physician, need not include the proposer in its eulogy. The medical profession—so full of good people that its own story tellers have to go outside of it to find their villains."—Ohio Medical Journal.

P. S.—For the first time we will have to apologize for the late appearance of this JOURNAL. The proof was sent us by the printers in ample time but was lost by some mail clerk, and we were compelled to prepare a new JOURNAL with but little notice.



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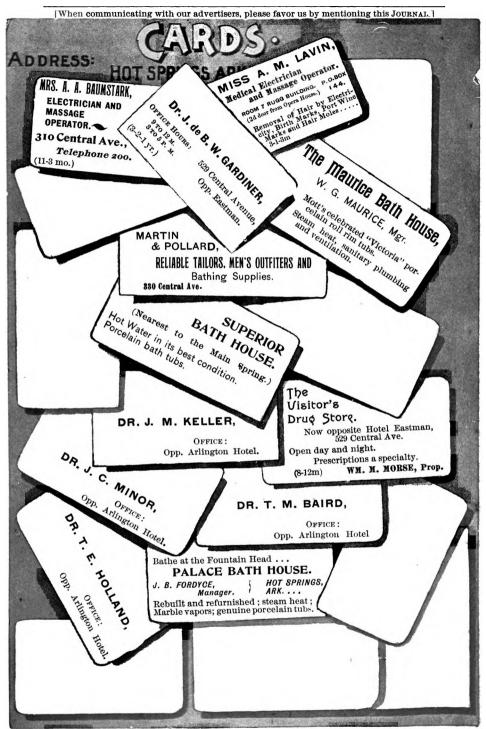
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RECONSTRUCTIVE IS

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being assimilated by the animal organism increases the haemaglobin and oxygen required in the blood; assists the digestive functions, has **no** tendency to derange the where ever it is necessary to sustain the forces.

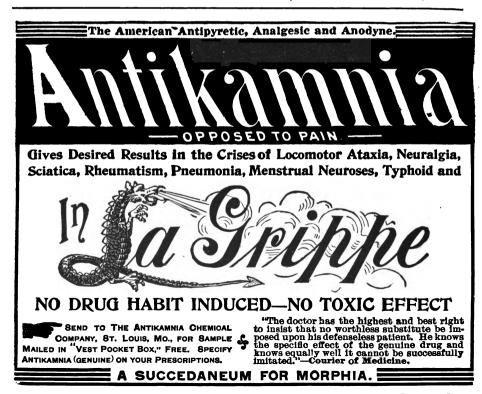
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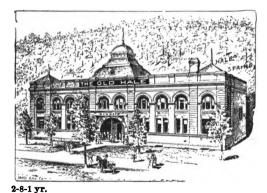
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